

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000002066

FILED
Sep 26, 2006
Secretary of State

Entity Name: LAKE CONWAY ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

7677 TORINO CT
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618730
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-3377766 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, AARON D II
7677 TORINO CT
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AARON D. JONES II

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JONES II, AARON D
Address: 7677 TORINO CT.
City-St-Zip: ORLANDO, FL 32835

Title: AC () Delete
Name: WILSON, TRINIDAD
Address: 6114 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: MILLER, BYRON
Address: 14050 DEEP LAKE DR
City-St-Zip: ORLANDO, FL 32826

Title: T () Delete
Name: JONES, AARON
Address: 3715 POMPANO CT
City-St-Zip: GOTH A, FL 34734

Title: DOF () Delete
Name: ROBBINS, CLIM
Address: 5130 W WASHINGTON ST
City-St-Zip: ORLANDO, FL 32811

Title: DOF () Delete
Name: JONES, JANNITA
Address: 7677 TORINO CT
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON D. JONES II

C

09/26/2006

Electronic Signature of Signing Officer or Director

Date